

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW BAY AREA REHABILITATION CENTER (THE CENTER) MAY USE AND DISCLOSES MEDICAL INFORMATION ABOUT YOU AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

This notice takes effect on March 31, 2003 and remains in effect until we replace it.

OUR PLEDGE REGARDING MEDICAL INFORMATION

The privacy of your medical information is important to us. This notice will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of medical information. Our privacy practices are followed by our staff, students, and volunteers. This notice allows us to provide you with quality care and to comply with certain legal requirements.

OUR LEGAL DUTY

This notice applies to the information we have about your health, health status and the healthcare and services you receive at the Center. We are required by law, to give you this notice describing our legal duties, privacy practices and your rights regarding your medical information.

CHANGES TO THIS NOTICE

The Center has the right to change our privacy practices and the terms of this notice at anytime, provided that law provides the changes. These changes are effective for all medical information that we keep, including information previously created or received before the changes. Before we make an important change in our privacy practices, we will change this notice and post the new notice in the Center and on our website (www.bayarearehab.org) with its effective date in the top right hand corner. You are entitled to a copy of the notice currently in effect.

USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION

The following section describes different ways that we use and disclose medical information. For each kind of use or disclosure, we will explain what we mean and give an example. Not every use or disclosure will be listed. However, we have listed all of the different ways we are permitted to use and disclose medical information. We will not disclose your medical information for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to us.

FOR TREATMENT

The Center may use medical information about you to provide you with therapy services. We may disclose medical information about you to therapists, rehabilitation techs, students or other staff who are providing services to you. For example, your therapist may be treating you for an orthopedic condition and may need to know if you have other health problems that could complicate your treatment. The therapist may use your medical history to decide what treatment is best for you. The therapist may also tell another therapist about your condition so that the team can help

determine the most appropriate care for you. We may also share medical information about you to your other health care providers to coordinate your healthcare and us in providing your services.

FOR PAYMENT

We may use and disclose your medical information for payment purposes. For example, we may need to give your health plan information about a service you received here so your health plan will pay us or reimburse you for the service. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will cover the treatment.

FOR HEALTH CARE OPERATIONS

We may use and disclose your medical information for our health care operations. This might include measuring and improving quality, evaluating the performance of employees and getting the accreditation, certificates, licenses and credentials we need to serve you. For example, we may use your health information to evaluate the performance of our staff in caring for you. We may also use health information about all or many of our patients to help us decide what additional services we should offer or how we can become more efficient.

APPOINTMENT REMINDERS

We may contact you as a reminder that you have an appointment for treatment at the Center.

HEALTH RELATED PRODUCTS AND SERVICES

We may use or disclose your medical information to arrange for services not provided by the Center. For example, wheelchair evaluations, orthotics, or other services we may recommend in our treatment plan. We may tell you about health related products or services that may be of interest to you.

You may revoke your *Consent* at any time by giving us written notice. Your revocation will be effective when we receive it, but it will not apply to any uses and disclosures that occurred before that time.

If you do revoke your *Consent*, we will not be permitted to use or disclose information for purposes of treatment, payment, or health care operations, and we may therefore choose to discontinue providing you with treatment and services.

ADDITIONAL USES AND DISCLOSURES

In addition to using and disclosing your medical information for treatment, payment and health care operations, we may use and disclose medical information for the following purposes.

REQUIRED BY LAW

We will disclose information about you when required to do so by federal, state, or local law.

WORKERS' COMPENSATION

We may release health information about your for workers' compensation or similar programs. These programs provide benefits for work-related injuries.

HEALTH OVERSIGHT ACTIVITIES

We may disclose health information to a health oversight agency for audits, investigations, inspections or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs and compliance with civil rights laws.

LAW ENFORCEMENT

We may release information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

INFORMATION NOT PERSONALLY IDENTIFIABLE

We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

VICTIMS OF ABUSE, NEGLECT, OR DOMESTIC VIOLENCE

We may disclose information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect or domestic violence or the possible victim or other crimes. We may share your medical information if it is necessary to prevent a serious threat to your health or safety or the health or safety of others.

TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY

We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

MILITARY, VETERANS, NATIONAL SECURITY AND INTELLIGENCE

If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority.

PUBLIC HEALTH RISKS

We may disclose health information about you for public health reasons in order to prevent or control disease, injury or disability; or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medication or problems with products.

FAMILY AND FRIENDS

We may disclose health information about you to your family members or friends if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family or friends if we can infer from the circumstances, based on our professional judgment that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when you bring your spouse with you into the gym during treatment or while treatment is discussed.

OTHER USES AND DISCLOSURES OF HEALTH INFORMATION

We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific written *Authorization*. We must obtain your *Authorization* separate from any *Consent* we may have obtained from you. If you give us *Authorization* to use or disclose health information about you, you may revoke that *Authorization*, in writing, at any time. If you revoke your *Authorization*, we will no longer use or disclose information about you for the reasons covered by your written *Authorization*, but we cannot take back any uses or disclosures already made with your permission.

If we have HIV or substance abuse information about you, we cannot release that information without a special signed, written authorization (different than the *Authorization* and *Consent* mentioned above) from you. In order to disclose these types of records for purposes of treatment, payment or health care operations, we will have to have both your signed *Consent* and a special written *Authorization* that complies with the law governing HIV or substance abuse records.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding health information we maintain about you:

RIGHT TO INSPECT AND COPY

You have the right to inspect and copy your health information, such as medical and billing records, that we use to make decisions about your care. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies. We may deny your request to inspect and/or copy in certain limited circumstances. If you are denied access to your health information, you may ask that the denial be reviewed. If law requires such a review, the Center will review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

RIGHT TO AMEND

If you believe health information we have about you is inaccurate, misleading, incomplete or violates your privacy rights, you may ask us to amend the information. You have the right to request an amendment as long as this office keeps the information. The Center has 30 days to decide whether or not to honor your request. If, after the review of the request, the Center decides the information is inaccurate, misleading, incomplete, or otherwise in violation of your privacy rights it shall amend the record accordingly and inform you in writing. If the center decides to refuse to amend the information in accordance with the request, it shall inform you of the refusal, and advise you of your right to a hearing conducted by the Center.

RIGHT TO AN ACCOUNTING OF DISCLOSURES

You have the right to request an “accounting of disclosures”. This is a list of the disclosures we made of medical information about you for the purposes other than treatment, payment and health care operations. To obtain this list, you must submit your request in writing to our Medical Records Clerk. It must state a time period, which may not be longer than six years and may not include dates before April 14, 2003.

RIGHT TO REQUEST RESTRICTIONS

You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend. For example, we may assume you agree to our disclosure of your private health information to your spouse when you bring your spouse with you into the gym during treatment or while treatment is discussed. The intake coordinator will discuss any restriction on you health information upon admission. Any future restrictions or modifications can be discussed with your service coordinator. Your request for restriction or limitation on your health information will be maintained in your medical record.

WE ARE NOT REQUIRED TO AGREE TO YOUR REQUEST

If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, inform the intake coordinator upon admission and we will take the necessary steps to protect your privacy. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. If there are any changes in how you request for us to communicate with you, please inform your service coordinator.

RIGHT TO A PAPER COPY OF THIS NOTICE

You have the right to a paper copy of this notice. A paper copy of this notice is included in your Client Handbook. If you require an additional copy of this notice, speak with the front desk receptionist or your service coordinator.

QUESTIONS

If you have any questions about this notice, please contact:

Chasey Reed-Boston
Privacy Officer/Program Director
Bay Area Rehabilitation Center
281-838-4477 Ext. 294

COMPLAINTS

If you think that we may have violated your privacy rights, you have the right to file a formal grievance. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will not retaliate in any way if you choose to file a complaint.